

Outbound Response Account Transfer Notice

In this scenario, the Marketplace got an applicant's initial application, and transferred the individual to the state Medicaid/CHIP agency based on an assessment that the individual was potentially eligible for Medicaid/CHIP based on MAGI or non-MAGI criteria, or because the individual requested a full Medicaid/CHIP eligibility determination. The state gets the transfer and sends an Outbound Response to the FFM to let the FFM know that the person doesn't qualify for Medicaid/CHIP based on MAGI. The FFM sends this notice to the individual to let him or her know that they need to take action so the FFM can redetermine eligibility for enrollment in a QHP, APTC, and CSR. This notice will also be used if multiple individuals in a household apply together, are transferred to the state, and the state denies eligibility for the individuals.

EXAMPLE

[First Name Last Name of Primary Contact]
[Address of Primary Contact]

[Date of notice]

Application ID: [Application ID]

Dear [First Name Last Name of Primary Contact]:

Update and resubmit your Marketplace application

You submitted an application to the Health Insurance Marketplace or made a change to your eligibility information for health coverage. When you first applied or reported a life change to the Marketplace, you or someone on your application appeared to be eligible for your state's Medicaid program or the Children's Health Insurance Program (CHIP), and the Marketplace sent your information to your state. However, your state determined that the following people on your application don't qualify for Medicaid and CHIP and returned an updated application to the Marketplace in a secure transaction:

[First Name Last Name of individuals who don't qualify for Medicaid/CHIP]

We used the information that you previously provided to the Marketplace and information from the state agency to update your application, which can be found on HealthCare.gov. You'll need to update and resubmit this application to see if you or someone on your application qualifies to get Marketplace coverage and help paying for health coverage and health services through the following:

- A new tax credit that can be used right away to lower your monthly health insurance premium costs
- Health plans specifically designed to lower your out-of-pocket costs

If we don't hear from you, we won't be able to determine your eligibility based on the application we started for you.

Note: If you or someone else on the application already reapplied at the Marketplace after being denied Medicaid and CHIP coverage and also received a new eligibility determination for a tax credit, you don't need to update and resubmit an application. Your eligibility and coverage (if you've already enrolled) won't change.

If you have questions:

Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

How to resubmit your application

To resubmit your application, you can do one of the following:

- Log in to your HealthCare.gov account
- Create an account on HealthCare.gov if you don't already have one
- Call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325)

When you log in or call, you'll be asked to provide the application ID number listed at the top of this letter. You and anyone on your application who received a denial of eligibility for Medicaid and CHIP are eligible for a Special Enrollment Period to choose a health plan through the Marketplace if you originally applied or reported a life change on or before [End date of open enrollment period] and we determine that you're eligible to purchase coverage through the Marketplace. When you review your information, you'll be asked if someone in your household applied before [End date of open enrollment period]. Make sure to identify the appropriate family members. After you complete your application, you'll receive an eligibility notice with more information about whether you and anyone in your household qualifies for a Special Enrollment Period.

When you log in or call, review your information to make sure it's correct. When you review your information, you'll be asked if someone in your household received a denial of eligibility for Medicaid and CHIP. Make sure to identify the appropriate family members. However, if your household's income has decreased since you first applied, or your family size has increased, select "None of these people" for this application question, or tell the call center representative about this change in your household.

If you told us when you first initiated your application that you might have special health care needs like needing help with daily living or having a disability, or if you requested a full Medicaid eligibility determination, your state may still be evaluating if you qualify to get more health services and pay less for care. When you review your information, don't answer these questions again.

For more information about how to find, check and resubmit the application we updated for you, go to [Healthcare.gov/help/updated-application](https://www.healthcare.gov/help/updated-application) to read "What if I need to resubmit my application because of changes to my eligibility for state programs?"

Where can I find more information?

Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325).

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230. The PII used to create this notice

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was collected on the application you filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and for insurance affordability programs. For more information about the privacy and security of your PII, visit HealthCare.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207. The time required for a health insurance Exchange as defined in CFR 155.20 to generate this information collection is estimated to be 100 hours, including the time to draft appropriate notice text, review the notice, conduct user testing, incorporate changes, ensure compliance with plain writing, language access, and readability standards. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجاناً. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèprete an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना निःशुल्क प्राप्त करने का अधिकार है। हेल्थ इंश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिए से बात करने के लिए 1-800-318-2596 पर फ़ोन करें।

한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

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Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health, Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

Español (Spanish)

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

اردو (Urdu)

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 1-800-318-2596 پر رابطہ کریں۔

tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



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